

An Introduction to the Safe Schools/Healthy Students Initiative

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Abstract

The Safe Schools/Healthy Students (SS/HS) Initiative offers a unique opportunity to conduct large-scale, multisite, multilevel program evaluation in the context of a federal environment that places many requirements and constraints on how the grants are conducted and managed. Federal programs stress performance-based outcomes, valid and reliable data, addressing important problems, ensuring efficiency and fiscal responsibility, reducing burden on federal staff and grantees, and developing and disseminating useful solutions and recommendations. MANILA Consulting Group, Inc., (MANILA), in partnership with Battelle Centers for Public Health Research and Evaluation (Battelle) and RMC Research Corporation (RMC), has been conducting the SS/HS national cross-site evaluation, which involves the coordinated efforts of federal Project Officers, local educational agencies, technical assistance providers, communication specialists, and national and local evaluators across a diverse set of socioeconomic and cultural contexts. To date, the national cross-site evaluation has provided data indicating that the SS/HS Initiative is, in fact, meeting these goals. Findings revealed that fewer students reported they had experienced violence and fewer students reported they had witnessed violence. Fully 96 percent of school staff said SS/HS had improved school safety. There was a 263 percent increase in the number of students who received school-based mental health services and a 519 percent increase in those receiving community-based mental health services. In addition, more than 80 percent of school staff reported that they saw reductions in alcohol and other drug use among their students. These encouraging results stress the need for ongoing coordination at all levels of the Initiative to continue to ensure safer schools and healthier students. This article provides an overview of the initiative and introduces four articles in this special issue.

Keywords: Program evaluation, Interagency coordination, Safe schools, System change

An Introduction to the Safe Schools/Healthy Students Initiative

1. Introduction

The Safe Schools/Healthy Students (SS/HS) Initiative, developed as a collaboration of the U.S. Departments of Education (ED), Health and Human Services (DHHS), and Justice (DOJ), strengthens the role of schools as healthy environments that support the academic, social, and emotional growth of students. Since 1999, the SS/HS Initiative has awarded over \$2 billion in grants to more than 350 school districts in partnership with their local mental health, law enforcement, and juvenile justice agencies. These collaborations have, in turn, led to the implementation of locally designed, comprehensive plans that contribute to safe, respectful, and drug-free school environments while promoting vital social skills and healthy childhood development.

2. A Need for Safe School Environments

America's schools should be secure environments where young people can develop their full potential. But schools are no longer the safest place for children and adolescents. The most recent data indicate that the incidence of violent crimes in schools decreased from 1992 to 2007. However, students are now more likely to experience non-fatal crimes (including theft, simple and aggravated assault, sexual assault, and rape) in school than outside of school. During the 2007–2008 school year, 85 percent of public schools in the United States recorded that at least one crime occurred at their school (Dinkes, Kemp, Baum, & Snyder, 2009). In 2007, for the first time in 15 years, rates of violent crime victimization were higher at school than away from school. In 2008, more crimes were committed against students aged 12 to 18 years at school than away from school (Robers, Zhang, & Truman, 2010). Also, reported bullying in schools is on the rise (Dinkes et. al, 2009). Whereas in 2001 only 14 percent of students aged 12 through 18

reported they had been bullied in school (DeVoe, Kaffenberger, & Chandler, 2005), in 2007 that figure rose to 32 percent, and 4 percent reported that they had been cyber bullied (Dinkes et al., 2009).

Violence and disruptive, aggressive behaviors such as bullying create a hostile school climate that interferes with the academic performance and mental health of students. Students who are exposed to high levels of violence and aggressive behaviors at school, as either victims or witnesses, are more likely to disengage from school and to experience clinical levels of mental and emotional disorders than students who experience either no or low levels of violence at school (Bowen & Bowen, 1999; Flannery, Wester, & Singer, 2004; Furlong & Morrison, 2000; Janosz, Archambault, Pagani, Pascal, Morin, & Bowen, 2008; Morrison, Furlong, & Morrison, 1994). In the classroom, disruptive and aggressive behaviors rob teachers and students of critical instruction and learning time.

Public and private programs that address these types of issues often take the form of grants to a specific type of agency to counteract a specific problem. An effort to address bullying, for example, might provide grant funds to schools for bullying prevention activities; a program to reduce youth substance abuse might offer grant funds to law enforcement agencies for training to prevent drug use. While some such programs have made significant contributions, some have had little relevance to local needs or have encouraged competing, uncoordinated efforts by multiple grant recipients in the same jurisdiction. A concerted effort to improve school environments in a wide variety of communities required the flexibility to focus on community needs and the incentive to encourage community-wide coordination.

3. Origin of the Safe Schools/Healthy Students Initiative

Congress enacted the SS/HS Initiative in 1999 in response to a series of tragic school incidents. During the 1997–1998 school year, students killed 12 people and wounded 47 others in shooting rampages in Paducah, KY; Jonesboro, AR; Pearl, MS; and Springfield, OR. The widespread locations—in rural, suburban, and urban areas—and the absence of either gang membership or previous criminality among the shooters changed public perceptions of school violence. America’s young people appeared to be at risk. Members of Congress, senior officials in federal agencies, and community leaders were united in seeking an innovative approach to address the issue.

In September 1998, leaders from the four communities where the shootings had occurred met at the White House with officials from ED, DHHS, and DOJ. The delegations offered suggestions for how the federal government could help prevent similar incidents in the future. The following month, Congress appropriated funds for ED and the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration within DHHS to work with DOJ in the creation of a new violence prevention initiative.

The design of the resulting SS/HS Initiative was based on research that shows safe school environments are essential to promoting healthy development and academic success, while ensuring that students and their families feel connected to their school and community. However, issues that affect the learning environment of schools—such as bullying, fighting, alcohol and substance use, need for mental health services, and truancy—cannot be solved by schools alone. A cornerstone of the SS/HS Initiative is the requirement that the grant must be implemented by a school-community partnership including representatives of the local education agency (LEA; usually a public school district or consortium of districts), mental health agency, law

enforcement agency, and juvenile justice agency. The partnerships often include additional community-based organizations, and each partnership is responsible for planning, implementing, and monitoring a comprehensive intervention to fulfill the vision of the SS/HS Initiative: “To promote the mental health of students, to enhance academic achievement, to prevent violence and substance use, and to create safe and respectful climates through sustainable school-family-community partnerships and the use of research-based prevention and early intervention programs, policies, and procedures.”

To ensure a comprehensive approach that builds on the strengths of community partners, SS/HS grantees are expected to integrate core elements into their projects, including:

- ▶ *Creating safe and violence-free schools.* The level of disruptive and aggressive behaviors of students and how schools respond to such behaviors are directly related to the potential for violence in a school. Because students’ experiences of violence and their perceptions of a school’s safety are strongly associated with their academic achievement and socioemotional and behavioral adjustment (Brand, Felner, Shim, Seitsinger, & Dumas, 2003), it is imperative that schools implement effective, comprehensive violence prevention programs that improve the safety of the school and reduce aggressive and violent behaviors in children and adolescents.
- ▶ *Preventing and reducing alcohol, tobacco, and other drug use.* Research has shown a strong link between alcohol and drug use and disruptive behaviors, aggression, and school violence. The use of alcohol and drugs puts children and adolescents at risk for school failure and involvement in delinquent and violent behaviors, such as fighting, carrying weapons, and stealing or damaging property (Komro, Williams, Forster, Perry, Farbakhsh, & Stigler, 2000). Conversely, children and youth who witness violence are

more likely than others to use or abuse substances (Sullivan, Kung, & Farrell, 2004; Taylor & Kliewer, 2006).

- ▶ *Enhancing early childhood social and emotional learning and development.* The foundations for aggressive and disruptive behaviors and risk for being bullied develop early. Research has shown that children who enter kindergarten without the adequate capacity to develop social relationships, to focus their attention on tasks, to effectively communicate their own emotions or empathize with peers, or to solve social conflicts or problems are likely to experience academic difficulties and peer rejection during their elementary schools years (Hemmeter, Ostrosky, & Fox, 2006). Inadequate socioemotional skills put young children at significant risk for becoming victims of bullying; becoming depressed, anxious, and disengaged in school; and displaying behavioral problems, aggression, delinquency, substance abuse, and a host of conduct problems during adolescence (Dodge & Petit, 2003; Kochenderfer & Ladd, 1996; Laird, Jordan, Dodge, Pettit, & Bates, 2001; McClelland & Morrison, 2003).
- ▶ *Enhancing mental, emotional, and behavioral health.* Many students come to school with mental, emotional, or behavioral difficulties that put them at risk for engaging in disruptive, aggressive, and sometimes violent behaviors (Tolan & Gorman-Smith, 2002). At the same time, students who feel unsafe in school due to the aggressive, disruptive, or bullying behaviors of other students are at risk for experiencing a range of mental, emotional, and behavioral disorders including depression, anxiety, aggression, and truancy (Flannery et al., 2004). Growing evidence shows that school mental health programs improve educational outcomes by decreasing absences, reducing discipline referrals, and improving test scores (Paternite, 2005; Rones & Hoagwood, 2000).

- ▶ *Connecting family, schools, and communities.* The factors that contribute to students' disruptive and aggressive behaviors have roots not only in the structure and operations of the school, but also in the community in which the school is embedded and the characteristics of students' families (Laub & Lauritsen, 1998). Consequently, creating a safe school environment requires more than the efforts of school personnel. Research has suggested that prevention efforts are most effective when families, schools, community organizations, and health care and service systems work together to implement programs and activities to help students (Epstein, 1995; Weissberg, Kumpfer, & Seligman, 2003).

Each of the five SS/HS elements plays a significant role in achieving the overall goal of the grant program: schools are safer and students are healthier. Three additional key features set SS/HS apart from other programs authorized by Congress to meet the needs of children and youth.

1. First, the grant requires schools to take an empirically driven public health approach. Grantees begin by reviewing data and talking with community stakeholders to identify the most urgent local needs. Grantees then select and implement best practices and evidence-based interventions that match those needs. The programs are backed by research that shows they actually reduce violence, substance use, or mental health issues or enhance child development.
2. Second, SS/HS emphasizes long-term systems change. Participating schools and local agencies coordinate and integrate their services, enabling them to respond quickly and to remain engaged. Sharing information and resources potentially lowers local costs and helps the community accomplish more with existing funding.
3. Third, SS/HS stresses data-driven decision making. Grantees are required to continually monitor progress in meeting their goals and to use data to make modifications to improve

their SS/HS project. They are also encouraged to share those data with their partners and the community to keep them informed and involved in the project.

Harnessing the capacities of schools, community agencies, and families to make data-driven decisions and to integrate and coordinate services to create what Putnam (2000) calls “social capital” may be essential to maintaining school environments that are safe and that foster the well-being of students.

4. Conclusion

For over a decade, the federal government has made extensive commitments in financial and human capital to the SS/HS Initiative. The agencies that work collaboratively to sustain the Initiative justify these commitments with high expectations for the evaluation of the SS/HS Initiative. One of the key lessons learned to date is the importance of different actors at different levels working together to create a synergy that ensures the success of this large-scale, multilevel, and multisite national evaluation.

This special issue presents summary findings of the national evaluation to date. The first article presents a Program Theory Model developed to guide the design, data collection, and data analysis of the national evaluation; the second article summarizes findings from a mixed-method analysis of the partnership functioning of the SS/HS Initiative; the third article presents findings from a meta-regression analysis assessing the factors influencing the SS/HS youth outcomes; and the fourth and final article highlights findings from a three-level growth curve model examining the correlates of school-perceived effectiveness of the SS/HS Initiative.

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Author Vitae

William Modzeleski, M.P.A., is the Associate Assistant Deputy Secretary of the U.S. Department of Education's Office of Safe and Drug Free Schools. The office provides funds and assistance to governors, state education agencies, and local school districts. Mr. Modzeleski has over 25 years of experience at the local and federal levels in criminal and juvenile justice areas. In his role as Associate Deputy Under Secretary of the Office of Safe and Drug Free Schools, Mr. Modzeleski is involved in the design and development of drug and alcohol prevention programs, violence prevention programs, and activities especially as they affect the school and in school health-related issues. He assisted in the design of the Safe Schools Act of 1994, a bill developed to provide assistance to local educational agencies for violence prevention activities, and in the reauthorization of the Safe and Drug-Free Schools and Communities Act. Mr. Modzeleski has a Masters of Public Administration and served in the Army in various capacities in the U.S. and in Vietnam.

Anne Mathews-Younes, Ed.D., is the Director of the Division of Prevention, Traumatic Stress, and Special Programs at the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services. The Division is responsible for programs to prevent school violence and suicide; promote mental health and prevent mental and behavioral disorders; treat child trauma; and support disaster, terrorism, and bioterrorism preparedness and response; as well as coordinate, with the Federal Emergency Management Agency, the provision of crisis counseling services. Dr. Mathews-Younes is trained as an occupational therapist in addition to having received her doctorate in counseling and consulting psychology from Harvard University. She is a licensed psychologist and completed a master's degree in theological studies at Wesley Seminary in Washington, DC, where she is now pursuing a doctoral degree in ministry in poverty studies.

Carmen Arroyo, Ph.D., currently Special Expert in Evaluation for the Division of Prevention, Traumatic Stress, and Special Programs at the Substance Abuse and Mental Health Services Administration, has over 20 years of experience in research and evaluation of health and education programs. Previously she worked as a Principal Research Scientist at the American Institutes for Research, where she helped federal agencies, including the Department of Education, the Office of Juvenile Justice, the Centers for Disease Control and Prevention, and the Agency for International Development to set standards for the evaluation of evidence-based education and health interventions. Dr. Arroyo has been Principal Investigator on projects related to educational access and attainment, comprehensive community health initiatives, maternal and child health, adolescent health, school-based health programs, AIDS/HIV services for poor and ethnically diverse communities, and the integration of mental health services within primary care. She holds a Ph.D. in Social and Developmental Psychology from Yale University.

Gary Hill, Ph.D., of MANILA Consulting Group, Inc., has nearly 40 years of increasing responsibility in the fields of health policy, program evaluation, and project management. He currently serves as Project Director for the Safe Schools/Healthy Students national cross-site evaluation. Previously, Dr. Hill was Division Director at a large federal government contracting firm, overseeing contracts providing program evaluation, cost-benefit analyses, and reports to Congress. Dr. Hill was Project Director for the evaluation of the Robert Wood Johnson

Foundation's After School Program. He was also Project Director for the Department of State's International Demand Reduction Program designed to coordinate implementation and evaluation of prevention programs across the world.

Ping Yu, Ph.D., of Battelle Centers for Public Health Research and Evaluation, has more than 25 years of experience in community- and school-based substance abuse research, domestic and international program evaluation, and management of large-scale, multi-year, and multi-million-dollar projects. He currently serves as Project Director for Battelle on the national evaluation of the Safe Schools/Healthy Students Initiative. Dr. Yu has managed a portfolio of research and evaluation projects worth more than \$60 million across a wide range of government and private-sector clients. He has designed and directed a number of large-scale studies that use both qualitative and quantitative methods to assess the effectiveness of community- and school-based prevention or treatment initiatives. Dr. Yu's contributions have received broad peer recognition in the form of published articles and participation in such forums as the National Committee on Asian and Pacific Islander Americans Health Research convened by the Director of Minority Health at the National Institutes of Health.

Steven Murray, Ph.D., is the Subcontract Director for RMC Research Corporation for the Safe Schools/Healthy Students project and has served in this capacity for over 5 years. Dr. Murray has devoted his professional career to improving the quality of educational and social services through policy analysis, research and evaluation, and technical assistance. Currently, Dr. Murray is a key staff member on four large-scale studies that contribute to the field-testing of research-based programs to improve education. Prior to joining RMC, Dr. Murray directed evaluation projects for the Northwest Regional Educational Laboratory.